

CRITERIA FOR PRIOR AUTHORIZATION

Neumega® (oprelvekin)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Oprelvekin (Neumega)

CRITERIA FOR NEUMEGA: (must meet all of the following)

- Patient must have a non-myeloid malignancy (non-myeloid malignancies include all types of carcinoma, all types of sarcoma, melanoma, lymphomas, lymphocytic leukemias (ALL and CLL), and multiple myeloma)
- Patient must be receiving myelosuppressive chemotherapy
- Patient must be at high risk of thrombocytopenia (e.g. patients who have experienced severe thrombocytopenia following a previous chemotherapy cycle)

LENGTH OF APPROVAL 12 months